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CONFIRMATION NO. 4442

<b>SERIAL NUMBER</b> 10/618,140	<b>FILING OR 371(c) DATE</b> 07/10/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3731	<b>ATTORNEY DOCKET NO.</b> 06-00474US05
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## APPLICANTS

Albert K. Chin, Palo Alto, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 10/369,980 02/18/2003 PAT 7,288,096  
 which is a CIP of 10/347,212 01/17/2003 ABN  
 which is a CIP of 10/346,663 01/17/2003 PAT 7,264,587  
 which is a CIP of 10/140,309 05/06/2002  
 which is a CON of 09/635,721 08/09/2000  
 which claims benefit of 60/148,130 08/10/1999  
 and claims benefit of 60/150,737 08/25/1999  
 This application 10/618,140  
 is a CIP of 09/779,715 02/08/2001 PAT 6,569,082  
 which is a CON of 09/738,608 12/14/2000 ABN  
 which is a CIP of 09/635,345 08/09/2000 PAT 7,398,781  
 This application 10/618,140  
 is a CIP of 10/006,321 12/04/2001 PAT 6,706,052  
 which is a CON of 09/915,695 07/25/2001 PAT 6,428,556

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 10/08/2003

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 11	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

87836

## TITLE

APPARATUS AND METHOD FOR ENDOSCOPIC ENCIRCLEMENT OF PULMONARY VEINS FOR  
 EPICARDIAL ABLATION

<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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		<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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		<input type="checkbox"/> Other _____